U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended, Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



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1. File Number U - 13-967

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

| 3. Name and address of person filing.   | 4. Name, file number, and address of labor organization.   |
|---|--|
| Name Patrick J Donkin   | Name SHEETMETAL WORKERS AFL-CIO LU 17  |
|   | Labor Organization File Number 1002-713  |
| P.O. Box, Bldg., Room No., if any   | P.O. Box, Building and Room Number, if any   |
| Street 108 Cross Street   | Street 1157 Adams Street   |
| city Quincy   | City Dorchester  |
| State MA ZIP Code + 4 02/69   | State Massachusetts ZIP Code + 4 02124-5710  |
| 5. Position in labor organization. Condoctor  |  |
| Enter appropriate data below If, during the past fiscal year, you or your sp<br>(except as specified in the exc                               | ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):  |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. |  |
| 6. Name and address of Employer (including trade name, if any).   | 7.a. Nature of Interest, Transaction, or Income.   |
| Name  | 1  |
| Trade Name, if any:   |  |
| P.O. Box, Bidg., Room No., if any   |  |
|   | 7.b. Amount.   |
| Street  |  |
| City  |  |
| State ZIP Code + 4  |  |
| Siç   | gnature  |
|   | of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.) |
| Signed Pallace A Dollar   | on 8-12-05 617-479-021>  |
|   | Date Telephone Number  |

| <ol> <li>Name and address of Employer or L<br/>(including trade name, if any).</li> </ol> | abor Relations Consultant | 14.a. Nature of payment. |   |
|---|---------------------------|--------------------------|---|
| Name  |                           |                          |   |
| Trade Name, if any:   |                           |                          | 1 |
| P.O. Box, Bldg., Room No., if any   |                           |                          |   |
| Street  |                           |                          |   |
| City  |                           |                          | : |
| State   | ZIP Code + 4              |                          |   |
| 13.b. Is the Business an Employer   | or Consultant · · · ?     | 14.b. Amount of payment. | 1 |

## DISCLAIMER

The transactions, dealing and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year and some or many items may have been unintentionally omitted.

Signature

Date